



REGISTRATION FORM

Investigator's Name: _____ E-mail: _____
Department: _____ Telephone: _____
Office: _____ Laboratory: _____

Principal Investigator: _____ Telephone: _____
Office: _____
FRS#: _____ EDS#: _____
Expiration date for funding source: _____

Safety Issues: (please check as appropriate)

Infectious Agent(s): Inactivated (Y/N): _____
Hazardous Chemical(s): Deactivated (Y/N): _____

An approved use plan including work in the OIC is required for work with all live infectious agents and hazardous chemicals.

Date of OEHS approval: _____

[This is a P2 facility; agents classified as requiring a higher containment level can only be used in this facility after adequate fixation/inactivation procedures. No radioactive materials are permitted except through prior arrangements.]

Cells: Fixed _____ [fixative (conc.) _____], Live _____
Mounting medium/Cultural fluids: _____



Describe your research protocol, including what fluorochromes were used and what type analysis you would like. (You may continue on the overleaf if necessary).

Investigator Signature

Date

Principal Investigator

Date



Application for membership in the OIC User Group

Investigator's Name:	_____	E-mail:	_____
Department:	_____	Telephone:	_____
Office:	_____	Laboratory:	_____

a. Description of research interests:

b. Describe infectious agents and/or hazardous chemicals used:

c. Briefly describe the research that you want to accomplish with the Optical Imaging Core.